

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/18/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>10/24/00</i>
FORMALITY REVIEW	<i>TL</i>	<i>902</i>	<i>11/18/00</i>
RESPONSE FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>03-29-01</i>

### INDEX OF CLAIMS

☒ Rejected      N ..... Non-elected  
☐ Allowed      I ..... Interference  
☐ (Through numeral) Canceled      A ..... Appeal  
☐ Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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